

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(s /30

(Type or Print Clearly)

	(Type or Prini	Olodity)		
PART I LOBBYIST  NAME (Last)	(First)	(Middle)	TELEPHONE	
Horner	Donald	G.	525-6160	
MAILING ADDRESS (Street)			FAX	
999 Bishop Street			525-6162	
(City)	(State)		(Zip Code)	
Honolulu	HI		96816	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
First Hawaiian Bank			525-6160	
MAILING ADDRESS (Street)			FAX	
999 Bishop Street			525-6162	
(City)	(State)		(Zip Code)	
Honolulu	HI		96816	

PART II ORGANIZATION .					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE			
First Hawaiian Bank	525-6160				
MAILING ADDRESS (Street)		FAX			
999 Bishop Street		525-6162			
(City)	(State)	(Zip Code)			
Honolulu	ні	96816			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE			
Neal Okabayashi		525-6160			
MAILING ADDRESS (Street)		FAX			
999 Bishop Street		525-6162			
(City)	(State)	(Zip Code)			
Honolulu	HI	96816			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)		
Ecology, Energy Environmental Protection	✓ Housing	Public Safety & Corrections			
PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
460 A	$\bigcirc$	1/2	9107		
(Signature of Lobbyist)			(Date)		
	(Oightatale of Eoobytot)				
PART V AUTHORIZATI	ON TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Neal Okabayashi	Vice President				
NAME OF ORGANIZATION (if a	pplicable)		TELEPHONE		
First Hawaiian Bank			525-6160		
MAILING ADDRESS (Street)			FAX		
999 Bishop Street			525-6162		
(City)	(State)		(Zip Code)		
Honolulu	HI		96816		
I hereby authorize the above - named person to engage in lobbying a ctivities on behalf of the undersigned.					
Deal 1			29/07		
(Signature of Authorizing Officer or Person Represented)		esented)	(Date)		